## BEST AVAILABLE COPY

Application or Docket Number

393 03 20 30 700

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

|   | /   | CLAIMS AS                                   | (Column 1)                            |              | (Column 2)                     |                  | -          | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|---|---|---|---------------------------------------|--------------|--------------------------------|------------------|------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |   |   | 11                                    |              |                                | !                | 1          | RATE                | FEE                    |                               | RATE                | FEE                    |
| FOR   |   |   | NUMBER FILED                          |              | NUMBER EXTRA                   |                  |            | BASIC FEE           | 370.00                 | OR                            | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=                             |              | • 0                            |                  |            | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS .  |   |   | 5 minus 3 =                           |              | • 2                            |                  |            | X42=                |                        | OR                            | X84=                | 168                    |
| MULTIPLE DEPENDENT CLAIM P  |   |   | RESENT                                |              |                                |                  |            | +140=               |                        | OR                            | +280=               |                        |
| •   |   | in column 1 is                              | less than zero, enter "0" in column a |              |                                | olumn 2          | į          | TOTAL               |                        | OR                            | TOTAL               | 9 08                   |
| 12  | 1 . CI  | LAIMS AS A<br>(Column 1)                    | MENDED - PART II<br>(Column 2) (Colu  |              |                                | (Column 3)       | L          | SMALL               | ENTITY                 | OR                            | OTHER<br>SMALL      |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | PREVI        | EST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |            | RATE                | ADD)-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ž   | Total   | • 1)  | Minus                                 | •            |                                | •                |            | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|   | Independent   | • 5   | Minus                                 |              |                                | •                | l          | X42=                |                        | OR                            | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                                       |              |                                |                  | J          | +140=               |                        | OR                            | +280=               |                        |
| a1605   |   |   |                                       |              |                                |                  |            | TOTAL<br>ADDIT, FEE |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |                                       |              |                                |                  |            |                     |                        | •                             |                     |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | NUM<br>PREVI | EST<br>BER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |            | RATE                | ADOI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | • 1   | Minus                                 | -2           | V)                             | • /              |            | X\$ 9=              |                        | OR                            | X\$18=              | •                      |
|   | Independent   | NTATION OF M                                | Minus                                 | DENDEN       | 5<br>TCI AIM                   | - /              | 11         | X42=·               |                        | OR                            | X84=                |                        |
| Ľ   | FIRST PRESE   | NIAI ION OF W                               | ULTIPLE DE                            | PERDER       | Com                            |                  | ן נ        | +140=               | -                      | OR                            | +280=               |                        |
|   |   |   |                                       |              |                                |                  | •          | TOTAL<br>ADOIT, FEE |                        | OR                            | TOTAL               |                        |
| •   |   | <u>.</u>                                    |                                       |              |                                |                  |            |                     |                        |                               |                     |                        |
| AMENDMENT C.  |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                       | NUA<br>PREVI | HEST<br>MBER<br>HOUSLY<br>OFOR | PRESENT<br>EXTRA |            | RATE                | ADOI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus                                 | ••           |                                | •                |            | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|   | Independent   | •   | Minus                                 | •••          | <b></b>                        | •                | <b>↓</b> │ | X42=                |                        | OR                            | X84=                |                        |
| Ľ   | FIRST PRESE   | ENTATION OF M                               | ULTIPLE OF                            | PENDEN       | T CLAIM                        |                  |            | +140=               |                        | OR                            | +280=               |                        |
| -   | * If the entry in column 1 is less than the entry in column 2, write "t" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                                       |              |                                |                  |            |                     |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, amor "20."  ADDIT, FEE ADDIT, FEE |   |   |                                       |              |                                |                  |            |                     |                        |                               |                     |                        |